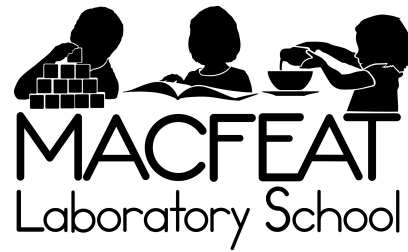


Enrollment Physical



Every child enrolled at Macfeat must have a recent, complete health evaluation by an approved health care provider.

Physician's Name (print or type): _____

Address: _____

Telephone: _____

I certify that _____ is in good physical and mental health
(child's name)
and able to participate in the Macfeat Laboratory School program and activities.

Signature of Physician

Date